## ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Insurer Name:	UNITED FINANCIAL CASUALTY COMPANY				Contact Person:	James Roche	
NAIC Number:	11770				Signature:		
Name of Advisory Organizat	tion Whose Filing You Are Referencing	N/A			Telephone No:	(804) 364-6649	
Co. Affiliation to Advisory Or	rganization: Member	Subscriber	Service Purchaser		='		
Reference Filing #:	N/A		Proposed Effective Date:	05/25/2007	-		

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
LWE OF COVER LOF	Indicated %	Requested %		Loss Cost	Selected	Expense	Co. Current
LINE OF COVERAGE	Rate Level	Rate Level	Expected	Modification	Loss Cost	Constant (if	Loss Cost
By Coverage	Change	Change	Loss Ratio	Factor	Multiplier	applicable)	Multiplier
ВІ	-3.1%	-2.2%	75.4%	N/A	N/A	N/A	N/A
PD	-3.5%	-3.1%	75.4%				
UMBI	4.9%	2.3%	75.4%				
UMPD	-3.4%	-4.0%	75.4%				
PIP	-5.5%	-5.3%	75.4%				
СОМР	-6.8%	-8.4%	74.1%				
COLL	0.1%	-1.1%	74.1%				
TOTAL OVERALL EFFECT	-2.8%	-3.0%	74.9%				

N Apply Loss Cost Factors to Future Filings? (Y or N)

| Stimated Maximum Rate Increase for any Arkansas Insured (%)
| Estimated Maximum Rate Decrease for any Arkansas Insured (%)

## 5 Year History

Rate Change History			AR Earned	Incurred	Arkansas	Countrywide	
Year	Policy Count	%	Eff. Date	Premium (000)	Losses (000)	Loss Ratio	Loss Ratio
2005	116	-	-	385	75	19.5%	42.9%
2004	301	-0.2%	04/08	661	397	60.1%	47.0%
2003	424	0.9%	11/03	470	225	47.9%	53.8%
2002	315	4.3%	4/03	183	117	63.9%	51.3%
2001	19	5.0%	9/02	0	0	0.0%	49.1%

## Corresponds to Question 3 on RP-2 or RF-WC

	Selected Provisions
A. Total Production Expense	15.8%
B. General Expense	2.2%
C. Taxes, License & Fees	4.2%
D. Underwriting Profit &	
Contingencies	4.0%
E. Other (Explain)	0.0%
F. Total	26.2%